


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000001502	
1. Entity Name JONES, VERRAS & FREIBERG, L.L.C.	

Principal Place of Business 601 POYDRAS ST, STE 2655 NEW ORLEANS, LA 70130	Mailing Address 601 POYDRAS ST, STE 2655 NEW ORLEANS, LA 70130
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DO NOT WRITE IN THIS SPACE



03132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 72-1517600	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent VERRAS, SPIRO J 1509 W SWANN AVE, STE 240A TAMPA, FL 33606

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

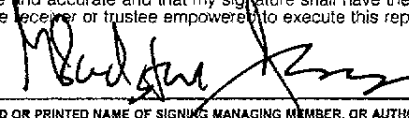
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JONES, GLADSTONE N III 601 POYDRAS ST, STE 2655 NEW ORLEANS, LA 70130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FREIBERG, PETER N 601 POYDRAS ST, STE 2655 NEW ORLEANS, LA 70130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VERRAS, SPIRO J 1509 W SWANN AVE, STE 240A TAMPA, FL 33606
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05/06/06-80012-014 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #